

EXTENDED TO NOVEMBER 16, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning and ending 1/1/20

2019

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Header section A-E: Name of organization (FURNITURE BANK OF CENTRAL OHIO), P.O. BOX 164206, COLUMBUS, OH 43216-4206, Employer identification number 31-1600869.

Section C: Book value of all assets at end of year 2,623,578. Section G: Check organization type 501(c) corporation.

Section H: Enter the number of the organization's unrelated trades or businesses 2. Describe the only (or first) unrelated trade or business here SEE STATEMENT 1.

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (checked).

Section J: The books are in care of KIMBERLY BOSCAN. Telephone number 614-272-9544.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 120,285, total expenses 4,126, net 116,159.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-31. Total deductions 256,645. Unrelated business taxable income before net operating loss deduction -140,486.

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Rows 32-39. Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) -140,486.

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Rows 40-45. Organizations Taxable as Corporations Multiply line 39 by 21% (0.21) 0.

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Rows 46a-56. Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No. Rows 57-59.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Eugene J. Logan, Date: 11/9/2020, Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN. Rows for Eugene J. Logan, SCHNEIDER DOWNS & CO., INC., 65 EAST STATE STREET, SUITE 2000, COLUMBUS, OH 43215.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I line 6 column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule) STATEMENT 6	(b) Other deductions (attach schedule) STATEMENT 7
(1) 136 S. YALE AVE	30,000.	8,157.	18,880.
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 8	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 9	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1) 88,335.	578,814.	15.26%	4,578.
(2)		%	
(3)		%	
(4)		%	
Totals			4,578.
Total dividends-received deductions included in column 8			4,126.
			0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals			Add columns 5 and 10 Enter here and on page 1 Part I line 8 column (A)	Add columns 6 and 11 Enter here and on page 1 Part I line 8 column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1 Part I line 9 column (A)		Enter here and on page 1 Part I line 9 column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I line 10, col (A)	Enter here and on page 1 Part I line 10 col (B)			Enter here and on page 1, Part II line 25
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

THE ORGANIZATION LEASES A PORTION OF ITS FACILITY ON A MONTH-TO-MONTH BASIS. A SERVICE FOR HOME DOWNSIZING, MOVING & DISPERSAL OF UNWANTED ITEMS.

TO FORM 990-T, PAGE 1

FORM 990-T INTEREST PAID STATEMENT 2

DESCRIPTION	AMOUNT
INTEREST	2,700.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	2,700.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
STORAGE	6,025.
UTILITIES	1,500.
CLEANING	9,299.
EQUIPMENT	4,551.
OFFICE EXPENSE	5,021.
ADVERTISING/PR	6,492.
INSURANCE	5,887.
CONSULTING FEES	1,693.
OTHER EXPENSE	5,869.
CONTRACT LABOR	7,024.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	53,361.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	134,238.	0.	134,238.	134,238.
NOL CARRYOVER AVAILABLE THIS YEAR			134,238.	134,238.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	253,193.	0.	253,193.	253,193.
NOL CARRYOVER AVAILABLE THIS YEAR			253,193.	253,193.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		8,157.	
- SUBTOTAL -	1		8,157.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			8,157.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT EXPENSE		18,880.	
- SUBTOTAL -	1		18,880.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			18,880.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 9

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ADJUSTED BASIS		578,814.	
- SUBTOTAL -	1		578,814.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			578,814.